



<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/540,079
		Confirmation Number	2682
		Filing Date	with an effective filing date of December 22, 2003
		First Named Inventor	Andrej KITANOVSKI, Peter Williams EGOLF and Osmann SARI
		Group Art Unit	3744
		Examiner Name	William C. Doerrler
Total No. of Pages in this Submission: 17	Attorney Docket Number	NITROS P170US	

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Fee attached - Check \$60</li> </ul> <input checked="" type="checkbox"/> Response - 12 pgs. <ul style="list-style-type: none"> <li><input type="checkbox"/> After Final</li> <li><input type="checkbox"/> Affidavits/declaration(s)</li> </ul> <input checked="" type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <ul style="list-style-type: none"> <li><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</li> </ul>	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard
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**REMARKS****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Michael J. Bujold DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	August 4, 2008	

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on August 4, 2008.

Signature		Date: August 4, 2008 (slm)(nay)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p><i>E</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <p>AUG 07 2008 U.S. PATENT &amp; TRADEMARK OFFICE <b>FEES TRANSMITTAL</b> For FY 2008</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p><b>Complete if Known</b></p>	
		<p>Application No. Filing Date First Named Inventor Examiner Name Art Unit</p>	<p>10/540,079 with an effective filing date of December 22, 2003 Andrej KITANOVSKI, Peter Williams EGOLF and Osmann SARI William C. Doerrler 3744</p>
<p>TOTAL AMOUNT OF PAYMENT: \$ 60</p>		<p>Attorney Docket No.</p>	<p>NITROS P170US</p>

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account      Deposit Account Number 04-0213      Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below       Charge fee(s) indicated below except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)     Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (4)</u>	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185
<u>Total Claims</u> -20 or HP =	<u>Extra Claims</u> x <u>Fee (\$)</u> = <u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>
<u>Indep. Claims</u> -3 or HP +	<u>Extra Claims</u> x <u>Fee (\$)</u> = <u>Fee Paid (\$)</u>	_____

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>No. of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	-100 =	/ 50 = (round up to a whole number) x _____	=	_____

**4. OTHER FEE(S)**

Other (e.g., late filing surcharge): Petition for One Month Extension of term      \$60

**SUBMITTED BY**

Signature			Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018	Date: August 4, 2008

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

AUG 07 2008

**FEE TRANSMITTAL  
For FY 2008** Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT: \$ 60

**Complete if Known**Application No.  
Filing Date  
First Named Inventor  
Examiner Name  
Art Unit10/540,079  
with an effective filing date of  
December 22, 2003  
Andrej KITANOVSKI, Peter  
Williams EGOLF and Osmann  
SARI  
William C. Doerner  
3744

Attorney Docket No.

NITROS P170US

**METHOD OF PAYMENT (check all that apply)** Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (4)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

**Small Entity Fee (\$)**

50

25

Each independent claim over 3 (including Reissues)

210

105

Multiple dependent claims

370

185

**Total Claims**

-20 or HP =

**Extra Claims**

x

**Fee (\$)**

=

**Fee Paid (\$)****Multiple Dependent Claims****Fee (\$)** **Fee Paid (\$)****Indep. Claims**

-3 or HP +

**Extra Claims**

x

**Fee (\$)**

=

**Fee Paid (\$)****Fee (\$)** **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

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**Total Sheets**

-100 =

**Extra Sheets**

/ 50 =

**No. of each additional 50 or fraction thereof**

(round up to a whole number) x

**Fee (\$)**

=

**Fee Paid (\$)****4. OTHER FEE(S)**Other (e.g., late filing surcharge): Petition for One Month Extension of term

\$60

**SUBMITTED BY**

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018 Date: August 4, 2008